## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10086881

| CLAIMS AS FILED - PART I<br>(Column 1)  |  |  |              |                               |                     | (Column 2)       |           |                     | SMALL ENTITY TYPE      |           |                     | OTHER THAN<br>OR SMALL ENTITY |  |
|---|--|--|--------------|-------------------------------|---------------------|------------------|-----------|---------------------|------------------------|-----------|---------------------|-------------------------------|--|
| TOTAL CLAIMS  |  |  | 14           |                               |                     |                  | [         | RATE                | FEE                    | ]         | RATE                | FEE                           |  |
| FC  | DR   | NUMBER I   | NUMBER FILED |                               | NUMBER EXTRA        |                  | BASIC FEE | 370.00              | OR                     | BASIC FEE | 740.00              |                               |  |
| TOTAL CHARGEABLE CLAIMS / U mir   |  |  |              | us 20=                        | * 4                 |                  |           | X\$ 9=              |                        | OR        | X\$18=              |                               |  |
| INDEPENDENT CLAIMS  |  |  |              | nus 3 =                       | us 3 = * A          |                  |           | X42=                |                        | OR        | X84=                |                               |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |  |              |                               |                     |                  |           | +140=               |                        |           | +280=               |                               |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |  |              |                               |                     |                  | Į         | TOTAL               | 270                    | OR        | TOTAL               |                               |  |
| CLAIMS AS AMENDED - PART II   |  |  |              |                               |                     |                  |           | TOTAL               | L5.75                  | JON       | OTHER               | MAHT                          |  |
| <del></del>   | 1^   | (Column 1)   | 7            | (Colur                        |                     | (Column 3)       |           | SMALL               | ENTITY                 | OR        | SMALL               |                               |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT  |              | HIGH<br>NUM<br>PREVIO<br>PAID |                     | PRESENT<br>EXTRA |           | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE        |  |
|   | Total  | *  | Minus **     |                               |                     | =                |           | X\$ 9=              |                        | OR        | X\$18=              | ·                             |  |
| AME   | Independent                                    | *  | Minus ***    |                               |                     | =                |           | X42=                |                        | OR        | X84=                |                               |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |  |              |                               |                     |                  |           | +140=               |                        | OR        | +280=               |                               |  |
|   |  |  |              |                               |                     |                  |           | TOTAL               |                        | 00        | TOTAL               |                               |  |
| ADDIT. FEEOM ADDIT. FEEOM ADDIT. FEEOM ADDIT. FEE   |  |  |              |                               |                     |                  |           |                     |                        |           |                     |                               |  |
| AMENDMENT B   | ۰  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |              | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |           | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE        |  |
|   | Total  | *  | Minus        | **                            |                     | =                |           | X\$ 9=              |                        | OR        | X\$18=              |                               |  |
| AME   | Independent                                    | dependent   *   Minus   -   Minus   -   Minus   -   Minus   -   Minus   -   Minus   Mi |              | ***                           | CLAIM               | [=               |           | X42=                |                        | OR        | X84=                |                               |  |
| THIS I PRESENTATION OF MOLTIPLE DEPENDENT CLAIM   |  |  |              |                               |                     |                  |           | +140=               |                        | OR        | +280=               |                               |  |
|   |  |  |              |                               |                     |                  |           | TOTAL<br>ADDIT. FEE |                        | OR        | TOTAL<br>ADDIT. FEE |                               |  |
| (Column 1) (Column 2) (Column 3)  |  |  |              |                               |                     |                  |           |                     |                        |           |                     |                               |  |
| AMENDMENT C   | o.   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA |           | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE        |  |
|   | Total  | *  | Minus        | **                            |                     | =                |           | X\$ 9=              |                        | OR        | X\$18=              |                               |  |
|   | Independent                                    | *  | Minus        | ***                           |                     | =-               |           | X42=                |                        | OR        | X84=                |                               |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |              |                               |                     |                  |           |                     |                        |           |                     |                               |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |  |              |                               |                     |                  |           |                     |                        |           |                     |                               |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |  |              |                               |                     |                  |           |                     |                        |           |                     |                               |  |